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PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

### LECTURE X.—PART III.

*Dental Fever.—Fever Theories, and their Bearing upon Dental Fever.—Severe Fevers never Dental.*

THERE are, gentlemen, two systems of the infantile organism, of which I have not yet spoken to you in regard to their connexion with dentition. These are the circulatory and the nervous systems. They are subject to a large number of aberrations of their functions during the time when teeth make their appearance. As, however, the morbid symptoms observed in the nervous system, particularly convulsions and paralysis, require a thorough and explicit investigation of their own, I now, at the conclusion of this lecture, shall be satisfied with making a few remarks on an anomaly of the circulatory system, very common at the period of life and development which forms the subject of these lectures. I speak of fever, which in the period of dentition, as in other ages, is characterized by ill feeling, chills, thirst, dryness of skin, frequent action of the heart, and increased temperature.

Some of the prominent symptoms by which we diagnose fever, belong directly to and depend upon the circulatory system. Therefore, I prefer speaking of it as a separate subject, although the proper place would have been among the affections connected with anomalies of the nervous system. For, whatever causes may be brought forward as giving rise to fevers of any sort, it is true that to obtain a real explanation of its nature in general, and the fever of dentition in particular, we have to look for the nervous system to give it. The first reason for this assertion is the fact that every one of the fever theories of our pathologists falls back on the nervous system; and the second, that there is scarcely any possibility of explaining the fever of dentition, which is said to be such a very common occurrence, except by taking in regard some affection of the dental ramifications of the fifth pair.

How can any affection of the dental nerves result in fever?

A few remarks on the nature and causes of fever in general will explain to you the modus of this process.

There are two principal symptoms constituting the essential features of fever, viz. increased temperature, and increased loss of substance; both prove the acceleration of the transformation of substance. The increase of temperature is particularly worthy of notice; for the utmost physical exertion, under physiological circumstances, will scarcely ever augment the temperature of the body by more than a single degree. Nor is always a dissolution of the blood, a poisoning of the blood as it were, necessary to explain the height of temperature, for there are a large number of fevers in infants and children, of very short duration, and without any serious consequences, and nevertheless attended with an increase by four or five degrees, which by no means depend on poisoning of the blood, nor on important inflammatory processes. These latter especially, with all the increased combustion during their course, show more fever, and higher temperature, before their complete development, than while the inflammation as such has been diagnosed. The first assault of an inflammatory disease is generally the period of the highest fever and temperature.

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Which, now, is the cause why, under all circumstances, combustion is kept down on a certain average, and chemical decomposition of the tissue into more simple combinations does not take place? And which again are the causes of such disturbance as constitute the nature of fever, with its increased combustion and disorganization?

Physiological researches have shown that the order and regularity of the functions of many systems depend on the normal action of certain portions of the nervous system. Cut the pneumogastric nerve, and the action of the heart is accelerated until paralysis takes place; the splanchnic nerve commands in a similar manner the abdominal viscera, the sympathetic nerve the action of the salivary glands; the cerebellum dominates voluntary motions, and disturbances in its composition or function render them irregular; consciousness and thinking are rendered flighty, irregular, impossible, by more or less severe interference with the substance of the large hemispheres. Now, in a similar manner as the action of the heart, the salivary glands, the abdominal viscera have a regulating power in the normal action of certain nerves, the normal transformation of matter and combustion are thought to depend on a nervous centre, which when interfered with, and losing its regulating power, or paralysed, will give rise to the symptoms of fever. Such at least is the theory of Traube, Virchow, and Bernard, that all the vehement symptoms of fevers are the result of nervous paralysis, the only active condition (that is, irritation) being shown in the chill, the reaction, however, being the result of weakness or exhaustion of the vasomotory nerves of the whole surface of the body. By this theory we obtain an explanation of the rapid rise and disappearance of fever, and its liability to unexpected and rapid returns; further, of the considerable increase of temperature shortly before (even after) death in many diseases; and, although the rhythmical and cyclical nature of fever in general is not fully explained by it, we reach some clue to our explanation in the rhythmical and cyclical nature of many physiological and pathological processes depending on the nervous system, as for instance, sleep, many cases of neuralgia, and epilepsy.

Thus, the nature of fever would consist in the exhaustion or paralysis of the vasomotory nerves. How will this exhaustion be brought on, and in which connexion have we to assume an irritation of the dental nerves of teething children, with such an exhaustion of vasomotory nerves? Scarcely any other condition besides irritation, can be imagined to exist in those nerves, during the increased afflux of blood to the gums and jaws, and the slight hyperæmia and pressure of the nerve depending thereon. And certainly, we are not disposed to think that the immediate result of irritation of the dental nerves could be reflected to other nerves, directly and immediately, as paralysis. We are more prone to assume that if there is a connexion between the dental and the vasomotory nerves, the irritation of the former will be reflected as irritation in the latter. But then, to produce fever, you need, according to the above stated theory on fever, not irritation, but exhaustion and paralysis. I know you will tell me, that I have stated myself, that the above theory assumes a state of irritation on the first day of fever, the chill—and will perhaps conclude that this initiatory irritation, or active condition of the vasomotory nerves, is followed, as its immediate effect, by exhaustion and paralysis. And thus, there would be no link missing in our argumentation. But there is a strong argument against this explanation. It is this, that there is a vast difference between the principal symptoms of fever in adults, and in infants and children. There is very little, or no chill, in the fever of infants, and while, for instance, cyanosis is a very common occurrence, and vomiting is not an unfrequent symptom in the most trivial fevers of children, those above mentioned principal constituents of fever, chill and reaction, are generally not observed to alternate so regularly in infants as they do in adults. Thus, the stage of irritation of the vasomotory nerves, which would have to be followed by exhaustion, and which would constitute



the next and immediate result of reflex action transmitted to the vasomotory nerves from the dental ones, does not exist at all, at least not in the vast majority of infantile fevers of any description.

Now, Professor Schiff, of Switzerland, has lately brought forward, supported by both experiments and observations, a new theory on fever, which appears to greatly facilitate the explanation of our subject. He takes the chill and the heat in fever to be entirely independent from each other. The heat, which has been taken as "reaction" before, he considers as the only constant and indispensable symptom of fever. He has further discovered in the vasomotory nerves, both contracting and dilating fibres. Therefore, where in cutting the vasomotory nerve entire, the dilating fibres are paralysed, there is no congestion; where there is irritation of the dilating fibres there is congestion, even local cyanosis; therefore, not only the chill in fever, but also the stage of heat, formerly called reaction, are active conditions; the chill depending on the action of the contracting, the heat on that of the dilating fibres of the vasomotory nerves. Thus we approach an explanation of the fact, first, why it is possible that chill can be absent, as a rule, from the fever of infants and children, although they participate in all the other symptoms of fever of adults; secondly, that the irritation of the dental nerves may be reflected, as such, to distant nerves, and produce the symptoms of fever, without chill, by active dilatation of certain fibres of the vasomotory nerve. Thus you have another instance, where physiology has to come to the rescue in the solution of difficult pathological questions, and a proof that wherever there is an uncommon degree of hyperæmia of the gums and jaws, and consecutive irritation of the corresponding nerve, the popular belief of fever depending on the development, or rather protrusion, of teeth, is founded on some physiological truth.

But at all events you must never forget that the range of health is wider than is sometimes assumed. Tissue generally, and bloodvessels especially, bear a certain amount of injection without exhibiting any symptoms of feverish reaction, or other diseased function. Thus you would be greatly mistaken if you took the occurrence of fever during the protrusion of a tooth to be a necessary symptom. A physiological process does not include, from necessity, a pathological consequence. Thus you have to be careful in judging of a case of fever in a teething infant. If there is a difficulty in diagnosing pathological conditions of the infantile organism, it consists in the explanation and localization of fevers. For almost every fever in infantile life will yield a local cause to an attentive observer; even such fevers as are frequently not shown by anomalies in internal organs, in adults, catarrhal fevers for instance, will be attended in children with decided symptoms of catarrhal nature on some one of the mucous membranes, and recognised as such. I always return to my old assertion, that the diagnosis of infantile diseases is by no means more difficult than of those of adult life; but care and attention, and close observation and accurate knowledge are required.

Even if the fever of a teething child is to be taken as dental fever, in a given case, it must be considered as corresponding with the amount of irritation of the dental nerve. If this is abnormous, there is no longer a physiological process, but a disease which must be diagnosed and attended to. Severe fevers during teething ought never, never to be taken as simple symptomatic fevers, but their cause sought for. You know, however, from a former lecture, that diseases of the gums and jaws are rare occurrences. Thus you will have to look among the whole number of such diseases, as I had the opportunity of describing to you in these lectures, or others hitherto not mentioned, for an explanation of the untoward symptom. Again I say, where there is a high fever do not put it down as dental; mild cases, moreover, will seldom be brought to you for advice; and thus, you will seldom be called upon to make the diagnosis of dental fever. I have made the diagnosis of difficult dentition and dental fever once in the

last three years. The infant suffered from a severe fever without apparent either local or constitutional causes; two days after my diagnosis the infant had variola. Since that time I have mostly left the diagnosis of dental fever and difficult dentition to mothers, and have made one of my own.

## Original Communications.

### REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(Continued from page 53.)

THERE is a question which I hope we shall one day be able to decide, viz. whether the transparent or hyaline casts are always indicative of Bright's disease, or whether they may occur and the person voiding them be exempt from the danger of kidney disease. I very much fear that we shall not be able to take a very favorable view of this subject. I am not yet prepared, however, to appreciate their value when no other signs are present. With reference to the other forms, the blood casts alone excepted, I believe they are almost diagnostic; highly granular casts, or fatty casts, I believe, are always indicative of Bright's disease of the kidney, in either the acute or chronic form.

There are conditions in which albuminuria is temporary; still, these conditions we are compelled to call Bright's disease. I refer to the uræmia of scarlet fever, and to that which occurs during and after pregnancy. Here we have Bright's disease without a question, one of the forms often cured, and in this view one of the sunlights that we are allowed to contemplate as shining in upon the subject of treatment.

It is worthy of notice in this connexion, that very often in the beginning of Bright's disease, whatever form the symptoms may assume, if we except the small kidney, the urine is sometimes found *bloody* and sometimes of a *smoky hue*. The smoky urine is equivalent to the bloody urine, for when the matter that has produced the dark color is collected in a sediment, it is found to be blood in a condition not altogether unlike that which is observed from the stomach of persons who with yellow fever have had black vomit. The blood is in some degree disintegrated, a portion is granular matter, and a portion blood corpuscles. The granular matter is of a brown color under the microscope, and I suppose is derived from the hematine of the blood converted into a substance known as hematoidine. It is only under certain circumstances that blood will undergo this change; in yellow fever, effused into the stomach, it meets with some animal substance; it cannot be gastric juice, as it undergoes the same change where that secretion does not exist. This animal substance, whatever it is, converts the coloring matter of blood into this hematoidine—which is generally of a brown color, sometimes black, and in the liver it is sometimes capable of undergoing a very beautiful transformation into eight-sided crystals as beautiful as the ruby. In the urine it does not form into crystals, but often into scales laden with granular matter, and slightly conchoidal in form. Sometimes, when not laden with granular matter, these scales are crescentic. This then is the only difference between bloody and smoky urine, that the blood has met with some extractive matter which has converted its hematine into hematoidine, almost always of the brown granular variety, and the same agent often causes shrivelling and other changes in the appearance of the corpuscles. The significance of smoky urine is the same as that of the bloody urine, so far as the condition of the kidneys is concerned, both implying a congested state.

In some of those whose blood is loaded with urea a *urinous odor* is noticed in the secretions of the skin, espe-



cially in those of the armpits. I have heard Dr. Jos. M. Smith say that this odor was very distinct in the person of a distinguished member of our profession whose lamented death was caused by the disease we are considering. In him, however, it was supposed to arise from abscess in the axilla. It may be that this urinous odor from the surface occurs even when the urine gives no evidence of kidney disease. I have lately seen a child in the practice of Dr. Crane, of this city, in whose urine we could not find either albumen or casts, but whose perspiration was clearly urinous. This child had the complexion and the œdema of Bright's disease, and died after a long scene of convulsions. The urine varied much in its condition, one specimen being pale as water, sp. gr. 1008, another of high color, sp. gr. 1022. A post-mortem examination was not obtained. This odor is often very marked in those who have suppression from acute renal disease. There we have uræmia as we have here, but occurring in a different way. Still we have the peculiar odor in the one, and we should not be surprised to find it in the other.

This ends the catalogue of symptoms that I had noted to remark on. As a catalogue it is not complete, but it embraces all that it seemed to me worth while to occupy the attention of the Academy with. We will now turn to some other branches of the subject.

*The age at which this disease occurs is worthy of remark.* Independent of its connexion with scarlet fever and diseases of the heart, I think it rather a rare affection in childhood. It is common enough in connexion with these two conditions, but independent of them; occurring as it does in man from causes not readily appreciated, it appears to me to be rather uncommon. It is not very common in advanced life, but belongs rather to the period that may be called the middle age. It occurs pretty early in manhood, many cases are remarked as early as fifteen or sixteen, and it can be traced as far on as sixty or seventy, but the cases diminish rapidly after forty-five or fifty, and comparatively few occur until about twenty. I shall soon give some statistics by which this statement will be illustrated.

*Sex.*—It appears to occur far more frequently in men than women. In making a comparison between the two, I should say nearly two males for one female, and perhaps this may find an explanation in the causes, so far as we understand them, which are capable of producing the disease.

*The relations of this affection are interesting:*—We have found it almost everywhere: It is difficult to anticipate a particular case in which it may not occur, as for example, this very day I have found albumen and casts in the urine of a lady who seemed to have no disease but dyspepsia. She remarked it as a matter to which she was quite indifferent, that there was a little swelling of the feet, and I found by pressure with the finger that I was able to make a little indentation. She has been treated for three years past for "liver-complaint" and dyspepsia. I suppose that her liver is sound enough, but her stomach is not. She has that distressing sensation across the epigastrium to which I have already referred—a sensation which cannot be satisfactorily described, a certain feeling of emptiness, and still of aching.

It is to be found, I believe, not very unfrequently associated with chronic diarrhoea. A certain proportion of cases of chronic diarrhoea have terminated with œdematous effusion into the areolar tissue, and the examination of the urine has disclosed evidences of Bright's disease. I do not know but this may be accounted for by the circumstance cited the other evening before the Pathological Society, that where disease affects for a length of time, or very actively for a short time, organs supplied with innervation by the great plexus of the abdominal cavity, though the disease may spend its greatest force upon other extremities of that system, still there seems to be a general sympathy between such parts or organs and the kidneys.

It is only very lately that I have seen a very distressing

case of chronic diarrhoea, attended near its close by œdema of the whole body, and this followed by convulsions to the number of twenty-two in sixteen hours. From this condition the lady passed into insensibility, continued to breathe for a period of three days, and then died. The urine in this case was albuminous, but there were no casts in the sediment. On post-mortem examination the kidneys were found to be well advanced in granular degeneration. Such cases, I suppose, will be found much more frequently than we are aware, if we only make the proper search for them.

It is lately also that I have seen a pretty extensive and firm adhesion of the pelvic viscera to the bones of the pelvis. The lady had had peritonitis on two occasions before, and had been cured by the opiate plan of treatment. In this condition she applied to a physician who devotes his attention to uterine diseases, in the hope of being relieved, when it was discovered that Bright's disease existed. The treatment for the uterine disorder was given over, and she returned home, and died two months from that time. It would be unfair in this instance to claim that the affection of the kidneys was secondary to the disorder which preceded it, if the case stood alone; but the instances in which kindred affections have been followed by Bright's disease have been sufficiently numerous to warrant grave inquiry into their relations.

It is very well known that a considerable number of those suffering from consumption have Bright's kidney. Here we are going beyond the range of the solar plexus, but we are not beyond the reach of the ganglionic system. As is very well known, the par vagum establishes a close connexion between the ganglionic system of the lungs, and the abdomen. Many patients who die of phthisis, have œdema of the feet some time before death. It has been our custom in Bellevue to have the urine of such patients examined, and it has surprised me to learn in what a large proportion albumen exists, and in what a proportion casts are also present. Indeed we may pass beyond the spheres of the solar plexus and of the par vagum also, and say that this affection of the kidneys obtrudes itself too frequently in all diseases characterized by exhaustion and debility.

In connexion with the same subject, though not exactly apposite to it, is the occurrence of acute diseases of the kidney of a somewhat analogous character in two of the most formidable affections with which human nature is afflicted, viz. yellow fever and cholera. In the progress of yellow fever, in a considerable number of cases, the urine is suppressed or very scanty, and in almost every instance (this subject has been carefully studied by Blair, of Demarara) albumen is found in the urine when the fluid can be obtained. This albuminous urine, or rather the uræmia accompanying it, seems to be, at a later period, one of the causes of the reaction; precisely the same thing can be said of cholera. There, too, the urine is albuminous, and it continues so during the reaction; and uræmia is, I have no manner of doubt, the chief cause of those cerebral symptoms with which many die. I suppose it has been the fortune of many a physician who has had charge of cholera patients to have heard that the friends charged the death to the immediate effect of the opium used. I believe that in the majority of instances it is not the opium, but the uræmia, that drowns out the energies of the brain. Here we see, I think, the sympathetic relations of the ganglionic systems. In both these diseases the intestines are very much involved in diseased action. In yellow fever the intestines produce the black exudation as well as the stomach, and are in the same manner diseased. Cholera seems to spend its force first upon the primæ viæ, and then the function of the kidneys is perverted.

Relating to diabetes, I have some remarks to make in connexion with this subject that are perhaps new. I have nowhere seen it remarked that diabetes ever terminates by albuminuria and uræmia, and yet in the present year it has been my fortune to meet with two such cases. I cannot say passed into Bright's disease, for the diabetes in either

case did not appear. One of these cases has been published with the *Transactions of the N. Y. Pathological Society* in the *American Medical Times*. It occurred in the practice of Dr. Linsly. A child had diabetes for about a year, when, rather suddenly, a change was noticed in her symptoms. She became feverish, restless, uneasy, slept badly, the urine had lost its straw color, and as the mother said, was disposed to bear the bead. We examined the urine, and found it albuminous, though this was not until three weeks after the mother had noticed these changes. She was then seized with a very distressing pain in the side, so that Dr. Linsly suspected pleurisy, but we examined the chest, and did not find it. This pain was excruciating for a time, but it gradually yielded to fomentation and other applications, and then gradually the child became drowsy, and passed away in that condition. A post-mortem examination was allowed by the parents, and we found the kidneys granular.

(To be Continued.)

#### THE PRESENT

### STATUS OF PSYCHOLOGICAL MEDICINE.

By I. PARIGOT, M.D.,

LATE COMMISSIONER IN LUNACY AND SUPERINTENDENT OF GHEEL, BELGIUM,  
PROPRIETOR OF A PRIVATE INSTITUTION AT HASTINGS ON THE HUDSON,  
NEW YORK.

#### No. V.—THE WYNDHAM AFFAIR.

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Very few physicians may have had occasion, or time, to read a trial concerning the sanity or insanity of a sensual, mal-educated, depraved, and degraded imbecile called Wyndham, heir to a large fortune, and the descendant of an illustrious family. The proceedings of the commission *de lunatico inquirendo*, concerning that gentleman, are only to be found here some weeks back, in the *Police Gazette*, under the title of an "Attempt to get Possession of the Estate of an alleged Lunatic, forming a Laughable and Unique Tale of Aristocratic Life in England;" and the *Gazette* might well have added, in every country where wealth drives man to immorality.

William Fred. Wyndham is a young man, about twenty years of age, in a physiological point of view, the miserable offspring of two persons that ought never to have been united, if the slightest attention had been paid to moral and physical dispositions of the parties; but in some families, respecting marriage, one or two questions supersede all others; rank and money make up for any natural defect, or even destroy any antagonism that may exist between the parties to be united. The consequences of our customs on this point are patent, namely, imbecility, idiocy, scrofula, and barrenness. Thus, irrational marriages have annihilated the most renowned families of Europe; no great historical name has actually its representatives, and sometimes the descendants of valorous knights are malformed, scrofulous, dwarfs, or some idiot, to whom his servant in feeding his lordship performs an act of charity! However, this evil is but small when compared with the public and private misfortunes arising from such a state of things, for time will show, and it will be found that public interest requires, that *moral* and *physiology* should be the principal rules for matching people, not only in view of their private happiness, but also to forward the public interest, by preparing the source of a strong, healthy, and moral generation.

We see in the disclosures of this trial, that the mother of Wyndham was a very nervous and excitable person, and that her husband, also quick-tempered and passionate, was

fond of the pleasures of the table; besides, that one of the uncles of William had been subject to *delirium tremens*, etc., etc. Now, this young gentleman, after a bad education at home, where his parents allowed him to act as a servant, and with very little learning that could have supplied an original mental deficiency, was brought by all sort of excesses to a state of imbecility that closed every moral sense. After an outrageous public conduct, not denied by his counsel, he married a sort of prostitute, being himself contaminated by a venereal disease, and with the help of some swindler, squandered his fortune in such a way, that having been left with about 9,000 pounds income by his father, so many hundreds only will hardly remain for his lifetime. But all these miseries have no interest whatever for us; the scientific questions connected with this scandalous trial only interest the student of psychology, and they originated in this way. The family brought an action against William Frederick Wyndham in order to secure the property, and have him, perhaps, kept as an inmate of some lunatic asylum. As late commissioner in lunacy we have seen enough of these legal cruelties, to understand that the threat, or even the apprehension of a perpetual prison, would naturally create a great excitement among the public and the jury, and that under its emotions and oratorials the real state of the question is often entirely overlooked. The only good argument in the speech of Sir Hugh Cairn, in favor of Wyndham, and against the petitioners, is the following; all the rest of the speech, its arts and eloquence to explain and whitewash the facts of the most revolting immorality, which in this case are mere symptoms of imbecility, are sufficient to convince any expert of the real state of mind of W. Wyndham. Now, the argument we approve of is this:—"If the members of the family were sincerely and fairly desirous of taking the opinion of a jury upon the mental state of their relative, there was an easy and simple way of doing it; they would have said: we are of opinion that the state of mind of our relative is such that he cannot be trusted with the management of himself or his affairs; our medical witnesses say that his sanity or insanity can be tested by an examination; will you be kind enough to see that those tests are applied to the mind of our relative not for the purpose of showing unsoundness, but for the purpose of fairly ascertaining whether his mind is sound or unsound." Now this course was not adopted by the family, but they brought forward a mass of evidence of the most disagreeable, not to say disgusting character. Now, either during the fifteen or seventeen years of the life of their relative, over which this inquiry extended, they were in the habit of seeing him and observing his despicable course of life, or else they were not, and never saw him. In one case, why decline to support their petition by their evidence in open court? In the other, is it not curious to ascertain that the family neglected to inform themselves about him until a time came when they thought the property was in jeopardy?

Relating to medical witnesses, it is easy to understand that from a want and positive deficiency of proper management and fixed rules among them, especially the experts in insanity, Wyndham and his counsel could find some physicians barefaced enough to declare that imbecile a perfectly rational being. In consequence of which the verdict of the jury was that Mr. Wyndham is of sound mind and capable of taking care of himself and of his affairs. A worse verdict than this morality and civilization could not expect from any jury. The most Honorable Lord Chancellor of England has perhaps felt hurt after such a curious decision, and his anger has fallen on the medical profession; at all events, he might certainly have been astonished at the great discrepancy of the medical evidence during an inquest which lasted thirty-five days, and involved large sums of money. The antagonism of law and medicine is a known fact; his lordship declared that law must henceforth regard insanity as a fact to be proved by ordinary evidence, and not as a disease to be determined by experts! Not satis-

fied with that, he has introduced a bill concerning lunatics possessing property (which is under his care), by which every alleged lunatic is to appear first before the court (consisting exclusively of unprofessional persons), and only thereafter, provided doubt should exist in their minds, be examined by medical men. It is really remarkable that the same spirit of darkness that inspired these resolutions is the same we declared in a memoir read before the Academy of Medicine of New York last year, in which paper on moral insanity, pages 6 and 7, I proclaimed the pretensions of some courts that there should exist a *legal insanity* to be determined as such, without or against the opinions of physicians!

We leave the responsibility of such propositions to rest on the shoulders of the learned Chancellor of England, only remarking that he wishes for an impossibility. During the last sixty years psychology has made such progress, that his lordship's proposal is absolutely contrary to good sense and the simplest observation. Experts, at least honorable experts, will remain the unique judges in all medico-legal questions concerning insanity, for this simple reason, that nobody can better know insanity in its various forms than physicians who are constantly with them, and that none but physicians are able to distinguish mental and corporeal troubles and diseases. But we are ready to admit the necessity of some regulations concerning experts; we declare it is a shame to see experts contradicting each other pompously before the courts; experts ought only to be designated by courts, and not called by the contending parties, whose views they are paid to support. Experts should be ordered to investigate thoroughly the case, and make jointly a written report, state their doubts, if any, and answer in the box all questions the counsel may put to them. Doctor Coventry, of Utica, in an excellent paper on the jurisprudence of insanity, says that "the present system of permitting both parties to summon as many witnesses, and whom they please, is not only oppressive to the witnesses, but wastes the time of the court, prolongs the trial, and serves no useful purpose; it is not unfrequent that the ingenuity of the counsel on the respective sides is more engaged in picking flaws in the testimony of the adversaries' witnesses than in elucidating the truth and justice of the case; the jury, instead of being enlightened, is only confused by the conflicting testimony of the witnesses."

What a poor logician is the actual Lord Chancellor of England! Because some medical gentlemen have been prevailed upon to maintain false doctrines, therefore all medical testimony must be done away with, even that opinion which shall be the expression of truth! We cannot believe that such proposition will be accepted by Parliament, and even by the other members of the English government. Really we fear that the name of *mad-doctors*, so terribly applied to physicians, might be returned to the learned lord of the woolstack, and changed into *mad-chancellor*.

Examining now the facts clearly proved in the Wyndham trial, and comparing them with those mentioned in the best writers, we see that simpletons, imbeciles, and idiots are not confined to the disgraceful beings we find in asylums; sometimes their countenance and figure are predisposing in their favor; some females may even be said to be pretty, at least during a certain period; sometimes also they mix in society, and only the eye of the practical physician is able to detect them; do we not see some idiots endowed with eminent faculties and able to conceal their propensities and low morals? Authors on mental pathology abound with facts relating to the natural dispositions of idiots and imbeciles; the history of Wyndham is written twenty times over in their records; and the means of ascertaining, and certifying such cases are known—*physiological and moral symptoms* are to be described; and we cannot understand that simple conversations, even during many hours employed in giving some bad excuse or ridiculous explanation of disgusting acts, can permit any scrupulous physician to certify the sanity of an alleged imbecile. In similar cases we had occasion (in some affidavits now before the Chan-

cellor of England), to describe the pathognomic signs of imbecility, though the subject was, as much as I can remember, much less immoral than Wyndham's. Besides, Dr. Trelat in his last publication, *La Folie Lucide*, describes a quantity of cases of imbeciles, at the same time satyrs, nymphomaniacs, squanderers, and dissolute, who had been the shame and disgrace of their families; that eminent physician considers such subjects as unfit for society, and at least to be put under the control and protection of special laws.

## THE LESSONS IN THE SURGERY OF THE WAR.

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BRIGADE SURGEON U. S. ARMY, AND CHIEF MEDICAL OFFICER AT NORFOLK, VA.

About five hundred of those wounded at the battle of "Fair Oaks," who reached Fortress Monroe on transports, were examined by me, and I propose to mention some of the incidents during my attendance on them while at the Naval Hospital, which particularly engaged my attention. A large proportion of these, I think a majority, were wounds in the lower part of the body, showing that their enemies had practised the lesson "fire low." The wounds of a considerable proportion, which had lain some hours upon the field, had become a *nidus* for the larvæ of flies, and were occupied by myriads of these at various stages of development, and this was the same where the raw surface was of any greater extent than that pertaining to orifice of entrance or exit, whether it had been made by a missile or by the surgeon's knife in amputation. Nearly all the amputated cases were at the thigh, and were primary operations which had been very creditably done. Of the five—four of which were primary—which I particularly noted and cared for, three did well and are still doing so. One of the other two had secondary hæmorrhage, when the femoral was ligated on the eleventh day (so near as I could ascertain) after the amputation, and died the fourteenth day; the other, amputated by myself on the ninth day after the receipt of the wound (a compound and a comminuted fracture of the femur, extending to the knee-joint), died on the sixth subsequent day, without the super-vention of secondary hæmorrhage. I had hoped better, though he was of poorly nourished body and comparatively infirm constitution. Of the three which are doing well, one had secondary hæmorrhage which required ligation of the femoral.

There was one case of amputation of the leg, which confirmed me in my previous view, that where the comminution of the bones of the leg forbids the attempt to save, and requires amputation above the lower third, it had better, as a rule, be done at the knee-joint, and include a thin slice of the femur. In this case, the operation (primary) had been done just below the line of the upper and middle thirds. The thin layer of soft tissue corresponding to the anterior flap, had retracted so far as to bring its apex very nearly into a line with its original base, leaving the end of the protruding bone six or eight lines beyond it. In this case, when it became apparent that the bone must be shortened and covered by the formation of a new flap, I proposed re-amputation at the knee-joint, but by the advice of the surgeon in charge, I operated about two and a half inches above the first. The tissues were found to be morbidly vascular, and though the cut surfaces were not brought together until two hours after, when all oozing had ceased, on the fifth day ligation of the femoral was performed, and on the fourth subsequent day the patient died. All these cases were flap operations, as were those I did myself, and all but the latter were infected with maggots. I found no means of removing these except a move at a time by the forceps. Various solutions were tried for the purpose—dilute sol. nitric acid, etc., but were all wholly ineffectual. It occurred to me that quassia, the only bitter tonic which destroys the fly, might destroy the larvæ or disperse them



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BRIGADE SURGEON U. S. ARMY, AND CHIEF MEDICAL OFFICER AT NORFOLK, VA.

ABOUT five hundred of those wounded at the battle of "Fair Oaks," who reached Fortress Monroe on transports, were examined by me, and I propose to mention some of the incidents during my attendance on them while at the Naval Hospital, which particularly engaged my attention. A large proportion of these, I think a majority, were wounds in the lower part of the body, showing that their enemies had practised the lesson "fire low." The wounds of a considerable proportion, which had lain some hours upon the field, had become a *nidus* for the larvæ of flies, and were occupied by myriads of these at various stages of development, and this was the same where the raw surface was of any greater extent than that pertaining to orifice of entrance or exit, whether it had been made by a missile or by the surgeon's knife in amputation. Nearly all the amputated cases were at the thigh, and were primary operations which had been very creditably done. Of the five—four of which were primary—which I particularly noted and cared for, three did well and are still doing so. One of the other two had secondary hemorrhage, when the femoral was ligated on the eleventh day (so near as I could ascertain) after the amputation, and died the fourteenth day; the other, amputated by myself on the ninth day after the receipt of the wound (a compound and a comminuted fracture of the femur, extending to the knee-joint), died on the sixth subsequent day, without the super-vention of secondary hemorrhage. I had hoped better, though he was of poorly nourished body and comparatively infirm constitution. Of the three which are doing well, one had secondary hemorrhage which required ligation of the femoral.

There was one case of amputation of the leg, which confirmed me in my previous view, that where the comminution of the bones of the leg forbids the attempt to save, and requires amputation above the lower third, it had better, as a rule, be done at the knee-joint, and include a thin slice of the femur. In this case, the operation (primary) had been done just below the line of the upper and middle thirds. The thin layer of soft tissue corresponding to the anterior flap, had retracted so far as to bring its apex very nearly into a line with its original base, leaving the end of the protruding bone six or eight lines beyond it. In this case, when it became apparent that the bone must be shortened and covered by the formation of a new flap, I proposed re-amputation at the knee-joint, but by the advice of the surgeon in charge, I operated about two and a half inches above the first. The tissues were found to be morbidly vascular, and though the cut surfaces were not brought together until two hours after, when all oozing had ceased, on the fifth day ligation of the femoral was performed, and on the fourth subsequent day the patient died. All these cases were flap operations, as were those I did myself, and all but the latter were infected with maggots. I found no means of removing these except a move at a time by the forceps. Various solutions were tried for the purpose—dilute sol. nitric acid, etc., but were all wholly ineffectual. It occurred to me that quassia, the only bitter tonic which destroys the fly, might destroy the larvæ or disperse them

when developed, but I could not obtain this article. Remarkably great in all these amputated cases was the amount of suppuration. In one the drainage of two days amounted to half a pint. This, of course, as compared with injury, which consisted merely of the canal formed by the track of the ball. In these latter it constantly seemed to me that there was a very decided difference in the amount of suppuration, whether the wound ran nearly transversely, or nearly longitudinally to the course of the muscles and aponeuroses—there being most in the latter case. But I noticed but little difference in this respect where the wounds respectively involved comminution of the bone.

In none of these amputated cases had the flaps been kept in apposition by union, though in a large number of cases attended to, including the preceding five, some were progressed in granulation. [I was induced to think that the transportation to a distance from the place of wounding, of amputated cases, or capital cases of the extremities, particularly if such transportation consist in more than one change of conveyance, was not the best surgically. The contrary is undoubtedly the case with sick, or perhaps slightly wounded or injured men. But this opinion is not due to the increased danger during carriage of recurrent hemorrhage, for this I think unsustained.]

In the dressing of these cases I felt that some simple means should be devised for lifting upwards the under flap, which constantly tends to weigh away from the upper. All that is required in the case has hitherto been thought to be fully accomplished by the supporting roller about the base of the flaps. But this only keeps the cut surfaces closely pressed. But with this, if the under flap be heavy, it will weigh downwards and backwards, together with the upper which is kept fast to it, so far frequently as plainly to show beneath the latter the whole contour of the cut end of the femur. This lifting may be done by passing adhesive straps from a point behind the base of the flaps, and bringing them forward in one strand to hang upon some elevation at the foot of the bed. The stump up to the point at the base of the flaps where the bevelled form commences, rests upon its opposite cushion. These will, moreover, serve to gently raise the stump from the bed at the time of dressing, avoiding handling, one of the most important of all purposes to the surgeon, and by it also the cushion may be adjusted with the most comfortable nicety. I am inclined to think that it is preferable to make the posterior stump thinner—not shorter—than usual. The great mass usually left in the lower flap, when pressed up to admit the sutures, forms rounded prominences, not favorable to the object of bringing the surfaces in apposition.

Whoever attended to these wounds with a reflective mind, could not fail to be struck with the consideration that the prevention or arrest of suppuration or a reduction to some attainable minimum, was the paramount consummation. 'It is not the amount of pus discharged, which is so contrary to all the physiological conditions of healthy tissue in the patient, for this only indicates the extent of the original morbid irritation which inaugurates the action of the tissues in the suppurative process. This suppuration consists in the enormously rapid multiplication of cells, which immediately and in virtue of the very same conditions which produced them, break down, or as we term it "liquefy."

To reduce or destroy this irritation—to the point where cell multiplication does not exceed normal "granulation"—is the desideratum. Disinfectants do not contribute to this end, though they do subserve equally important objects.

The medication in all the preceding cases was done in accordance with my idea of supporting or protecting the nervous system—a different thing in my estimation from either supporting or stimulating, i.e. *nourishing* the body. It consisted of quinine and morp. combined, with mild tonics. Where the pain of the cut or lacerated surface was excessive, the latter or pulvis opii was gently scattered upon it with immediate relief. Under the circumstances of such

wounds, I am confident that the assimilation of however nutritious substances, is nearly or quite precluded by the physiological conditions, and hence nutritious diet is of little avail.

## Reports of Hospitals.

### MILL CREEK HOSPITAL.

SERVICE OF JOHN W. HUNT, M.D.

[Reported by E. LESTER, Med. Cadet, U. S. A. July 8th, 1862.]

CASE I.—*Compound Fracture of Humerus.—Gunshot.*—H. Eller, Co. K, 5th N. C., twenty-one years of age, in good health, of temperate habits. While engaged in the battle of Fair Oaks, Sunday, May 31st, received a shot from a musket, the ball entering the anterior and upper third of the arm, and making its exit nearly opposite, fracturing the humerus.

He arrived at the Mill Creek Hospital, Fort Monroe, June 8th. The limb was dressed in pasteboard splints, with lint wet in cold water applied to wounds. June 20th.—Discharge free. Pus healthy. Patient's appetite good. No fragments of bone taken out. July 8th.—Bone united so as to bear its own weight when lifted. External wounds nearly closed. Discharge scanty. Walks about and has for some time. Suffers no pain.

CASE II.—*Compound Fracture of Femur.—Gunshot.*—Stephen Bell, of Co. A, 22d N. C., twenty-three years of age, in good health, of temperate habits. While engaged in the battle of Fair Oaks, Saturday, June 1st, 1862, received a shot from a Minié rifle, the ball entering the anterior and upper third of the thigh, and making its exit nearly opposite under the folds of the nates, comminuting the femur. He arrived at Mill Creek Hospital, Fortress Monroe, June 8th, having had no treatment. On examination found three inches shortening. Used the double-inclined plane. June 20th.—Removed the plane and made extension from the foot of the cot, placing sand-bags to keep the foot in position. Discharge dark and unhealthy. Pus sacculating in the glutei muscles. July 8th.—No attempt at union—soft parts red and inflamed. Discharge bloody and dark, very offensive. Limb was now placed in a swing (*Report to be cont.*).

CASE III.—*Resection of Elbow.*—S. F. Chandler, of Co. F, Hampton Legion, S. C., aged forty-one, in good health. Occupation, a laborer, when at home. While charging on a battery, at the battle of Fair Oaks, Saturday, May 31st, 1862, received a shot from an Enfield rifle, the ball entering the elbow, external to the olecranon process, fracturing the external condyle of the humerus, and following upwards and inwards around the bone, making its exit about two inches below the clavicle and to its inner third. He arrived at Fort Monroe, June 8th. Lint and cold water dressings applied—the bones were resected. June 10th.—Did not rally well after the operation, appeared stupid—the bones made no attempt at union, became denuded of periosteum. Sloughing very extensive. Beef tea, whiskey, etc., given. Great prostration and delirium set in, he died June 25th, 1862.

CASE IV.—*Compound Fracture of Femur.—Gunshot.*—A. S. Kieser, of Co. C, 3d Ala., eighteen years of age, in good health, of temperate habits. While engaged in the battle of Fair Oaks, Sunday, June 1st, 1862, received a shot from a Minié rifle, the ball entering the thigh at its outer and middle third, passing directly inwards and backwards, making its exit about three inches below the fold of the nates. He arrived at Fortress Monroe, June 8th, limb very painful, but could detect nothing wrong. His wounds were dressed with cold water, like any other flesh wounds—three days after he sat up, and while his bed was being made stood up, and when he again lay down he felt a snap, and a drawing up of the limb (he says), and on exa-



mination found two and a half inches shortening, a false point of motion, and much pain in moving the limb. Extension was made from the rod at the foot of his cot, and sandbags placed to keep the limb in position. July 14th.—Patient died from exhaustion. Autopsy revealed a comminuted fracture of the femur, with no attempt at union.

## Reports of Societies.

### NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, May 28, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

[The Secretary being absent, Dr. J. K. MERRITT was chosen Secretary *pro tem.*]

#### ENUCLEATION OF SYNOVIAL BURSA.

Dr. Post presented a specimen of synovial bursa exsected from the knee of a woman 62 years old, which had existed about a year. The cyst occupied the region anterior to the patella. It was so adherent to the surrounding parts as to require constantly the cutting edge of the knife to enucleate it. At the very last step of the operation the cyst was unavoidably punctured, and a quantity of dark brownish fluid was exuded. The walls of the cyst were very thick and dense. Dr. Post thinks that extirpation of the entire cyst in such cases is preferable to other modes of treatment in vogue.

#### NECROSIS OF THE JAW.

Dr. Post next exhibited portions of necrosed bone taken from the upper and lower jaws of a child five to six years of age. These involved the alveolar processes with the teeth. It is supposed that this necrosis has been the result of the excessive use of mercury, which had produced profuse salivation.

#### FIBRO-PLASTIC TUMOR OF ARM.

Dr. Post then presented a specimen of tumor extirpated from the lower and inner aspects of arm of a young man 20 years of age. This had existed for eight years, and had grown more rapidly of late than formerly. The tumor presented a well defined outline on its inner edge, and extended from the inner condyle upwards about four inches, occupying nearly the entire breadth of the arm. It was exceedingly hard and firm, so much so as to suggest it to be cartilaginous in character. It was movable transversely, but not at all longitudinally.

The operation for extirpation of the tumor proved much more formidable than was anticipated. During the dissection it was found intimately connected with the brachialis anticus muscle. After an extensive dissection of this muscle (a portion of which had to be removed with the tumor), it was also discovered that the tumor involved in its substance the brachial artery and median nerve. It now became absolutely necessary to exsect the involved portions of artery and nerve. This was accordingly done by first ligating the brachial artery immediately above and below the tumor with two ligatures at either point, and dividing the vessel between them. The entire tumor could not be extirpated, and a small portion was necessarily left behind, which involved the origins of the muscles at the internal condyle of the elbow. For the last three years there had been enlarged glands in the axilla of the same side, but these were not disturbed in the operation. Microscopic examination of the tumor by Dr. W. H. Draper, declared it to be of a fibro-plastic character. Dr. Post stated that a similar tumor, located in the thigh of a woman, had occurred some months ago in the N. Y. Hospital, under the care of Dr. Halsted. This tumor was also very firm, and only movable transversely to any extent. The operation for extirpation was also exceedingly difficult and tedious, on account of its intimate relations with the surround-

ing parts. In this case, also, complete enucleation could not be performed, and a portion of the tumor was left.

#### ENCEPHALOID CANCER OF INTESTINES, ETC.

Dr. Post presented a fourth specimen of encephaloid cancer of testis and appendages, taken from a man about 40 years old, which had existed six years. There was a large fluctuating swelling in the right scrotum, extending to the groin. The general outline of swelling was ovoid. Near the external inguinal ring a solid round tumor was detected. There could not be discovered translucency in any part of the swelling. An explorative puncture was first made, which gave exit to a reddish-brown turbid liquid, amounting to forty-eight ounces. The testicle was then exposed. It was found to be greatly enlarged, very firm, and of a regular ovoid shape. The epididymis, however, was irregularly enlarged and much elongated. The solid tumor before detached, was discovered involving the cord, and in close proximity to the external inguinal ring, so as to allow of a very limited extent of the cord to be reached. However, it was possible to transfix the cord after the method of Sir A. Cooper, without the external ring, with a needle armed with silk thread to form a loop, by which to prevent retraction during the operation. After dividing the cord and ligating the vessels bleeding, this loop was removed. Microscopic examination of tumors by Dr. Draper disclosed them to be encephaloid cancer, although the substance of the smaller rounded tumor presented to the eye the appearance of a marked resemblance to tubercular deposit, in which incipient softening existed. This appearance was owing to an admixture of adipose cells not present in the tumor of the testis.

#### GUNSHOT INJURIES.

Dr. Post now proceeded to exhibit several specimens of gunshot injuries from the Military Hospitals of the Chesapeake. First specimen was a number of the fragments of the os femoris, which were removed from the thigh of a soldier, wounded at the battle of Williamsburg, ten days after receipt of injury. The wound was located about the middle of the thigh. The ball had entered the anterior and outer aspect, and made its exit posteriorly directly opposite, encountering in its course the bone, and producing a comminuted fracture. When seen, the wound was in a state of profuse suppuration. The general condition of patient was much prostrated, with almost entire anorexia. The patient was 35 years of age, and lived nine days after the operation. He was mainly supported by brandy and opium. Dr. Post's second specimen was also a number of fragments of bone belonging to the elbow joint, which he exsected from the right elbow of a soldier aged 22 years, also wounded at the battle of Williamsburg. The ball had entered the joint from the outer aspect of the elbow, and had shattered in its course the head of the radius minutely; also the ulna less minutely but more extensively, involving about three inches of its upper extremity. The course of the ball having been inwards and downwards, all the injured portions of the radius and ulna were removed, and likewise the lower end of the os brachii was excised, although not involved in the injury. The patient was doing well at last accounts.

Dr. Post then exhibited a specimen of the fractured trochanter major and caput femoris, taken after death from the hip of a soldier wounded at the battle of Williamsburg, who died eleven days after receipt of injury. The patient was about 40 years old, and when first seen by Dr. Post the hip and limbs were exceedingly painful from the least movement; there was great deformity of the hip with rotation of the limb outwards, and about half an inch shortening. There was also a profuse foul discharge from the wound, which extended from the trochanter major to the cleft of the nates. The patient stated that the same hip had been injured before, which had resulted in a deformity similar to that existing at the time.

Post-mortem examination revealed an extensive disinte-

gration of the soft parts about the hip-joint, and a gangrenous condition of the tissues immediately involved in the course of the wound.

DR. SANDS stated, in reference to the extirpation of synovial bursæ, that he believed it to be a very rare operation. He himself had once succeeded in enucleating a cyst entire, but with very great difficulty, located over the patella, in the knee of a woman. He thinks the difficulty of enucleation arises from the great thickness of the walls of the cyst, and their intimate connexion with the tissues in the vicinity. Dr. Buck remarked that he had successfully removed a synovial bursa from the knee which was situated over the patella. He was impelled to perform this operation on account of the great thickness of the walls of the cyst.

DR. HINTON also stated that he had successfully enucleated and removed a synovial cyst from the knees of a woman.

DR. SANDS also remarked in reference to the fibro-plastic tumor of arm, which presented such a firm unyielding character, that it was owing in his opinion to the close envelopment of the surrounding fascia. He had had a case of encephaloid cancer of the testis, in which the same indurated condition had existed, but on the removal of the tumor it was found to be soft and yielding. This condition of induration had depended on the close development of the tunica albuginea.

Other members subsequently present not having any specimens to exhibit to the society, Dr. Post then presented a seventh specimen. This was a small fragment of the eighth rib taken from a soldier 19 years old, wounded at the battle of Williamsburg. The ball, after passing through the right forearm, had entered the flesh a hand's breadth below and without the nipple, in its course fracturing the eighth rib; it made its exit posteriorly near the spine through the eighth intercostal space. About a week after the receipt of injury there appeared a diffused redness of the skin over the prominence of the sacrum, and another red spot over the posterior prominence of the ilium. *The redness over the sacrum resulted in a bed sore.* A copious discharge of fluid of a bright gamboge color had occurred from the anterior wound in the chest. This continued for about a week, and then suddenly ceased, whereupon a harassing cough supervened with profuse expectoration having the same peculiar color as discharge from the wound. At the suggestion of Dr. Post a water bed was obtained with much difficulty by the friends of the patient. After being placed on this he became much more comfortable, and soon began to improve; this continued up to the 24th ult.

In conclusion, an interesting discussion arose, participated in by Drs. Post, Krackowizer, and Markoe, referring to the condition of the gun-shot wounds in the military hospitals on the Potomac and the Chesapeake; the result of which was, in brief, that there was almost and universally a foul and sloughing state of the wounds.

DR. POST also remarked that secondary operations had in a very large majority of the cases terminated fatally. He likewise stated that numerous cases of secondary hemorrhage had occurred in the Chesapeake Hospitals, and related the facts connected with several happening on the tenth to the fourteenth day after the receipt of injury.

DR. MARKOE stated that from his observations in the hospitals on the Potomac, the percentage of secondary hemorrhage was remarkably large.

The society was then, on motion, adjourned.

**A PORTABLE STYPTIC.**—For the preparation of a convenient styptic, it is recommended by the *Moniteur des Sciences Médicales* to soak amadou or German tinder in a solution of perchloride of iron of a density of about 1.255. It should then be dried in the sun, and rubbed between the hands to restore its suppleness and porosity. Small pieces applied to leech bites soon stop their bleeding. They may be held in their places by strips of plaster.—*Lancet.*

## American Medical Times.

SATURDAY, JULY 26, 1862.

### CONTRACT BETWEEN SURGEON AND PATIENT.

It is not generally known to the surgeon, we believe, that he gives his services under the form of a contract. This contract may be only implied, or it may be expressed in terms. In either case he is responsible for the fulfilment of his part of the contract.

The implied contract grows out of his offering his services to the public as a qualified practitioner of his art; and in all suits for alleged medical malpractice under it, it is uniformly held by courts that the practitioner is bound to bring to his case the ordinary degree of skill of his profession. In the legal phraseology:—"The implied contract of a physician or surgeon is not to cure—to restore a limb to its natural perfectness—but to treat his case with diligence and skill." "His contract, as implied in law, is that—1. He possesses that reasonable degree of learning, skill, and experience, which is ordinarily possessed by others of his profession; 2. That he will use reasonable and ordinary care and diligence in the treatment of the case committed to him; 3. That he will use his best judgment in all cases of doubt as to the best course of treatment." The meaning of the term "ordinary skill," has given rise to much discussion, and too frequently is regarded by lawyers as requiring too high a standard of attainment. An eminent English jurist declares that all surgeons are not required to have the skill and knowledge of ASTLEY COOPER, but only that skill which gives average results. Judge STORY says:—"In all these cases, where skill is required, it is to be understood that it means ordinary skill in the business or employment which the bailee undertakes; for he is not presumed to engage for extraordinary skill, which belongs to a few men only in his business or employment, or for extraordinary endowments or acquirements."

But the surgeon may make a special contract with his patient, and then he is held strictly by its terms. If he contract to do what is *absolutely* impossible at the time the contract was made, he is not bound thereby, for a man cannot be compelled to perform an impossibility. He will forfeit all compensation for his services. If, however, he contract to do anything *accidentally* impossible, the contract is binding, "it being his own fault and folly that he did not expressly provide against those contingencies he should know might possibly transpire, and exempt himself from responsibility in certain events."\* The surgeon may then contract to effect an absolute cure; and the highest degree of skill, combined with the utmost care and diligence, will not relieve him of his responsibility, "because it was his own fault, or inexcusable ignorance, that so uncertain a result should have been guaranteed successful. The extent of the physician's or surgeon's liability, under an express contract to cure, will depend upon the circumstances of the case. If he undertakes an absolute impossibility, the law will not hold him responsible for the full extent of the damage resulting to the patient by reason of the failure to cure. His responsibility extends to a forfeiture of all compensation for

\* Chitty on Contracts.

medicine and service; the impossibility of the undertaking excuses him in part.\* The surgeon who makes a special contract cannot afterwards plead ignorance or want of skill; he, in effect, binds himself to bring to his undertaking a degree of skill and knowledge equal to its performance.

The subject of special contracts between surgeon and patient has recently been reviewed by one of the courts of the State of Ohio, and a new and interesting phase has been given to it. A suit for alleged malpractice was brought in due form, and evidence brought forward to prove that the defendant did not exercise ordinary care and skill. The defendant claimed that he had a special contract with the plaintiff that he would not be responsible for results. The Court charged the jury as follows:—

"A physician or surgeon, in undertaking the treatment of a surgical or medical case, enters into a contract with the patient. In the absence of any special one, the general law requires that the physician or surgeon shall render to the patient the ordinary skill—not the highest order of skill, nor the lowest, but something like the average skill of the profession. The general law also requires a reasonable amount of care on the part of the physician or surgeon. These principles are applicable to persons engaged in other pursuits. A mechanic in building a house, or a lawyer in the management of a case at the bar, is responsible for the exercise of reasonable skill and care. The defendant, Dr. Butler, however, claims that he had a special contract, which obligated him only to the exercise of the skill that he himself possessed. This contract the defendant had a right to make; and this contract, if proven—a matter of which you are to be the judges—is the measure of his responsibility, in the case at issue, for surgical skill."

Whereupon the jury gave a verdict for the defendant. If this decision is accepted as a rule in our courts in suits for alleged malpractice, we see no reason why the surgeon may not always relieve himself from all liability to damages in the practice of his profession. He has only to stipulate that he will use all the skill which he himself possesses, a fact to which in several States he may be a witness, and a nonsuit would be the result.

#### MAYOR OPDYKE ON QUARANTINE.

In reply to our strictures upon the action of the Health Commissioners, permitting yellow fever patients to be sent to Ward's Island Hospital, MAYOR OPDYKE denies that the Board intended to send yellow fever patients to Ward's Island. Of the intentions of that anomalous body we know nothing, but that their resolution, carried out, would have sent yellow fever patients to Ward's Island is now too apparent for even a Health Commissioner to fail to see. The Health Officer was directed to send cases of yellow fever to such of the hospitals under the charge of the Commissioners of Emigration as he deemed appropriate; but this commission have but one hospital to which they are allowed to send patients, and that is Ward's Island. Necessarily, this action of the Health Commissioners would consign yellow fever to that hospital. But the Mayor declares this a gross misstatement, and asserts that the hospitals at Quarantine, and others on Staten Island, are under the charge of the Commissioners of Emigration; meaning that they have the power to open them for the reception of patients. Now, the following are the facts in the case:—The law of 1859 declares

"It shall be the duty of the Commissioners for the Removal of the Quarantine Station to make some suitable arrangement for removing and taking proper care of such persons as may be sick at the hospitals at Castleton, and when such arrangement shall have been made, and notice thereof, in writing, shall have been given to the Commissioners of Emigration, they shall cease to send sick persons to said hospitals, but shall send them to such place as the said Commissioners shall designate."

Now, there is on the minutes of the Board over which Mayor Opdyke presides the following prohibitory official notice from the Quarantine Commissioners:

"That by reason of such proceedings (suitable arrangements for the sick), and by operation of law, from and after the date of said notice (27th June, 1859), no sick person whatever could lawfully be sent to or received at the inclosure or establishment known and hitherto used as the Marine Hospital, by any officer, body, or authority, whatever."

The same notice was served upon the Commissioners of Emigration; the hospitals were closed, and for the last three years no patient has been allowed to enter them.

When the action of the Commissioners of Health was laid before the Commissioners of Emigration, a member said:—

"The resolution passed by the Board of Health is absurd. It substantially establishes a Quarantine at whatever point the Commissioners of Emigration have hospitals. They have none now except at Ward's Island, to which place this resolution transfers the Quarantine establishment."

MAYOR OPDYKE was present at this meeting as an *Ex-officio* member, and he seems to have tacitly acquiesced in these remarks.

The Board then passed the following resolution:—

"Resolved, That the Superintendent of Ward's Island be instructed not to permit the introduction of any patients sick with yellow fever to the Hospitals at Ward's Island, it being clearly contrary to the statutes, and believing, as we do, that our citizens would not permit persons sick with this disease to be carried through the city and placed in hospitals in their immediate vicinity."

These facts can lead to but one conclusion, viz. Whatever was the intention of the Health Commissioners, their action would have consigned yellow fever patients to Ward's Island. It is very apparent that had a case of yellow fever arrived on the day following the passage of this resolution, the Health Officer would have had full authority to convey such patient to Ward's Island, and this through sheer ignorance of official obligations. Of the value of such a Board to the city, and of its ability to guard with "efficiency the public health," the citizens of New York can judge.

In the concluding paragraph of his card, the Mayor descends to the low level of the mere place-seeker. Even the allusion of a Medical Journal to the sanitary condition of the city, he must, of course, believe "is obviously prompted by disappointed hopes of place." This insinuation comes with ill-grace from one, who, through his attorney, declared that the Metropolitan Health Bill—the most important measure ever before the Legislature of the State of New York—ought to be defeated, if the Mayor was not allowed a place in the Board. That beneficent measure, which our best citizens have labored years to enact into a law, was defeated; and this community, as well as the State, justly hold the Mayor of New York the efficient cause of its defeat. Is it strange that a foreign Journal, alluding to the defeat of the Health Bill by the Mayor of the very city

\* Elwell.



which it was designed to benefit, offering the pitiful apology that it gave him no place or power, said:—"We have always had a mean opinion of American Statesmen, but they certainly merit only our contempt!"

### THE WEEK.

HITHERTO we have advocated the distribution of the sick and wounded widely along the northern seaboard. The great and obvious advantage of this disposition of the invalided of the army is their more rapid recovery under the combined influences of a more invigorating climate, an ample supply of delicacies, better nursing, etc. But this policy has also its drawbacks; first, it gives great facilities to the convalescent to go home on furlough, vast numbers of whom do not return again in due time to their regiments, while many do not return at all; secondly, every soldier who returns to his former residence is an object of great interest, and naturally entertains his friends with stories, generally greatly exaggerated, of his sufferings and heroism. The effect of this is to retard enlistments. It is now, we learn, the design of the Government to treat the sick and wounded in the different military districts, at hospitals located in salubrious positions and easy of access. That this can be done to advantage there is no doubt, and thereby the inconveniences of distant transportation, and the other evils alluded to, will be avoided. Of one thing there can be no doubt, no more hospitals should be located in large towns, and those already thus established should be closed.

It is said that the Duke of Islay thus addressed a young colonel, who, on arriving at the bivouac, had left his men ten minutes under arms: "I see, sir, that you have never carried a knapsack upon your own shoulders." We were forcibly reminded of this hint from an old to a young officer on Tuesday week, a fearfully hot day, when the Ninth Vermont Regiment passed down Broadway. The colonel, divested of all encumbrances, rode jauntily along on his prancing steed at the head of the column, bowing gracefully and smilingly to the complimentary cheers; then followed the purple-faced soldiers, sweltering under their muskets, canteens, blankets, haversacks, and over-filled knapsacks. A few erect, but the greater number stooping, and supporting with one hand the loads upon their shoulders; and lastly the rear, consisting of wagons to pick up those who fell out of the ranks from sheer exhaustion. If it were necessary for this regiment to parade our streets, it would have appeared to much greater advantage if the wagons accompanying it had carried the accoutrements of the soldiers, instead of the exhausted soldiers themselves. The military ardor will not be very much increased by such displays.

In officering the new regiments it is to be remembered that there is to be an additional assistant surgeon appointed. It has been painfully evident during the past year that the medical staff is not of sufficient force. The plan of employing surgeons answers well as a temporary expedient, but it by no means meets the continued wants of the service.

PROFESSOR HAMILTON is Medical Director of General Keyes' corps, and not Dr. White, as stated in a former number. Dr. White has relieved Dr. Brown, of Franklin's corps.

## Reviews.

THE INSERTION OF THE CAPSULAR LIGAMENT OF THE HIP-JOINT, and its Relation to Intra-Capsular Fracture. By GEO. K. SMITH, M.D., Demonstrator of Anatomy in the Long Island College Hospital. [Reprinted from the *Medical and Surgical Reporter*.] New York: S. S. & W. Wood, 1862, pp. 44.

THE substance of this pamphlet has already appeared in this Journal. It contains the most thorough discussion of the vexed questions relating to intra-capsular fracture yet published. Dr. Smith has exhibited the most commendable industry in the investigation of this subject, and great sagacity in the subsequent discussion.

CARIES OF THE ELBOW-JOINT; Operation of Excision, with the Recovery of a Useful Arm. By N. C. HUSTED, M.D., of New York City. pp. 16.

EXCISION of the elbow-joint for caries is now regarded as one of the most successful operations in surgery. Dr. Husted's case illustrates in a marked manner, the slight constitutional disturbance which generally follows this excision; the rapidity of the cure, the great improvement of the general health of the patient, and the subsequent usefulness of the limb. The pamphlet contains a useful resumé of the literature of excision of the elbow-joint. It is a reprint from the Transactions of the New York State Medical Society.

## Correspondence.

### IS IRIDECTOMY A NEW OR OLD OPERATION?

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Dr. Julius Homberger having done me the honor, in a kind spirit, to enlighten me on De Graaſſe's views of Iridectomy, I beg to state that he has corroborated rather than weakened my opinion as to who was the originator of the fashionable operation in question.

First.—Dr. Homberger admits that iridectomy is identical with Cheselden's operation, or, in other words, is the substitution of a new name for an old and obsolete one. He states that De Graaſſe performs iridectomy for glaucoma and iritis, and that in these the operation is performed for a therapeutic purpose, and further on he says that according to De Graaſſe, glaucoma depends on a peculiar *exudative inflammation* of the uveal coat. Is not inflammation of the uveal coat, inflammation of the posterior surface of the iris? Yes. Is not inflammation of the uvea therefore inflammation of the iris? It is a difficult thing to draw a line of demarcation between the anterior and posterior layers of the iris, and such distinction cannot be made; therefore, inflammation of the uvea must be considered as identical with the old term iritis. Is not the exudation of lymph characteristic of iritis? Does not De Graaſſe point out that the exudation of lymph is attendant on inflammation of the uveal coat? Is not inflammation of the iris and uveal coat, therefore, as De Graaſſe shows, identical?

Dr. Homberger does not attribute the effect of iridectomy to the quantity of blood lost during the operation and the escape of the vitreous humor, but to the diminished intra-ocular pressure following the division and excision of the iris. It will be remembered that I fully demonstrated the fallacy of this theory, but strange to say, Dr. Homberger precisely gives in explanation my original views of the mode in which the operation proves serviceable. I stated that section of the iris was followed by the same results as the section of the sterno-cleido mastoid muscle in wry

neck, the section of the rectus in strabismus, and the section of the intestinal tube in case of *intussusceptio*; now, in explanation of the operation of iridectomy, Dr. H. says:—"I believe that the change in the division of the group of muscles has a parallel in the influence of the *division* of the *sphincter ani* in certain diseases of the rectum and *incision* of the circular muscular fibres of the vagina in *vaginismus*."

Dr. Homberger states that the enlarged condition of the pupils is of no use whatever for the sight. Has he ever examined the pupils of a convict confined in a dark cell who could see objects that he himself would fail to discover? Is not the enlarged pupil in such cases necessary to admit the rays of light? Would there be "a dazzle" in such a case? Certainly not.

Dr. Homberger says the pupils are dilated *ad maximum* in glaucoma. I would be glad to know how many cases of glaucoma he has seen. It is well known that glaucoma is a very rare disease, and I am positively of opinion that neither himself nor De Graaffe ever relieved or restored to sight a patient with true glaucoma, characterized with fully dilated pupils, by the operation of iridectomy. In support of this declaration I will cite De Graaffe. He says glaucoma is caused by inflammation of the uveal membrane accompanied by exudative lymph. Having proved that inflammation of the uveal membrane and iritis is identical, the question suggests itself, does dilatation of the pupil usually follow iritis? The answer to this question is, that almost invariably instead of being dilated the pupil remains contracted after iritis. Who has ever seen dilatation of the pupil follow iritis? Does it not follow, therefore, that De Graaffe's cases were not cases of true glaucoma, but rather cases consequent upon previous inflammation of the iris extending to the choroid and hyaloid membrane?

Dr. Homberger believes that iridectomy is never called for in myosis, and that the use of atropine will never fail to cause dilatation of the pupil. With respect to this declaration there is the positive evidence of Beer, whose authority and veracity up to the present time have not been called in question, that myosis is followed by incurable blindness, and that no medicinal agent will cause dilatation of the pupils. Let me inquire what course Dr. H. would adopt in a case such as Beer describes? Would not the ingenuity of his preceptor, De Graaffe, suggest to him that it was a case of spasmodic contraction of the iris, and that division of the muscular fibres would produce the necessary relaxation and be attended with dilatation of the pupils as a consequence; that in such a case as this, *intra-orbital pressure* would be removed, that the group of muscles would be relaxed, that the irritation of the irides muscles being removed, the irritation of the *recti* muscles would be also removed; knowing that the iris receives its nerves from the lenticular ganglion, as also that the lenticular ganglion communicates with the third nerve through a small branch, thus establishing a *community* and *reciprocity* of action between the *recti* muscles and the iris.

According to Dr. Homberger, De Graaffe operated when there was chronic iritis and irido-choroiditis, when there was extensive posterior synochus and exudation in the pupil, the effects of acute iritis. Will any man doubt that Dr. H. fully establishes Dr. Ryan's priority in the performance of the operation, after reading Mary Bryan's case, cited by me from the Dublin Hospital Reports.

Dr. Homberger admits the truth of the analogy between Dr. Ryan's case and De Graaffe's operation, and goes on to say in reference to Dr. Ryan's operation (I will quote his words): "Sufficiently proves that he merely executed the operation for the *production* of an *artificial pupil* for an *optical purpose*." I cannot understand what importance is to be attached to the restoring of vision by an artificial pupil made by section of the iris? Is it made for any other than for an *optical purpose*? I cannot understand what object De Graaffe had in view, unless it was the admission of the luminous rays of the sun through the pupils. On this point I am ignorant. Whatever other purpose he

intended to accomplish, it is certain that De Graaffe performs his operation for an optical purpose, as it enables the individual to see external objects. But Dr. Homberger considers iridectomy, when performed for an opacity of the cornea, is for an optical purpose, but when for closed pupil, induced by iritis, it is to act as a therapeutic agent. It will be recollected in Mary Bryan's case, there was no opacity of the cornea; therefore, on Dr. H.'s own showing, Mr. Ryan's operation must have been intended to act as a therapeutic agent.

With respect to the ophthalmoscope, I may say that it throws no light on glaucoma. The vitreous humor in a healthy state is transparent; it is also transparent, although changed slightly in color, when in a disorganized state. The ophthalmoscope is useful in ascertaining whether a case is one of glaucoma or cataract, but it has no power in deciding the claim of the priority of Ryan and De Graaffe, with respect to the operation of iridectomy. Sir B. Brodie, I am satisfied, would corroborate my views with respect to the ophthalmoscope; he has had sad experience of its utility.

Dr. Homberger hints that my remarks on the causes of glaucoma and myosis belong to the last generation, and are erroneous. Let any person study the physiology and pathology of the muscles, and then demonstrate the falsity of my theory, and I will believe him; but I care not for any man's assertion, until he gives other proofs than his own assertions, that he is right and that I am in error. I maintain that my views with respect to the *recti* muscles and iris are physiologically and anatomically well founded, and that the spasmodic contraction of these muscles will cause the prominence of the eyeballs, the convexity of the cornea, the contraction of the pupils, the absorption of the *pigmentum nigrum*, the breaking up of the *areolæ* of the vitreous humor, and consequently the disorganization of the vitreous humor. The whole phenomena can be explained on mechanical principles, by any man who understands the action of the muscles, the location of the muscles, the form and position of the globes of the eyes, and the organization of the exterior as well as the interior of the eyeballs. Dr. Homberger is gratified that the operation of iridectomy, which is only known imperfectly in the United States for the last two years, will now be "ventilated."

I trust, as I am honestly and magnanimously disposed, that I will not be charged with being hypercritical, censorious, or cynical, or the type of the individual satirized by the Poet:—

— "Quid, cum est Lucillus anghs  
Primus in hunc operis componere carmina morem,  
Detrahere et pellem, nitidus qua quisque per ora  
Cederet, intorsum turpis."

JOHN O'REILLY, M.D.

290 WASHINGTON SQUARE EAST, NEW YORK, July 19th, 1862.

#### DR. PHILLIPS'S RESIGNATION.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—A friend has just called my attention to a communication contained in your issue of July 5th, which under the plea of seeking public sympathy for fancied wrongs suffered by Dr. Phillips and his predecessor, while filling the office of Surgeon in the 102d Regt. N. Y. S. V., is *really* intended as an extinguisher of any claims to military reputation to which the commanding officer of that Regiment may be vain enough to aspire.

The motive for this attack is quite transparent. It is not that the ex-surgeon feels any great solicitude about anything which may advance the good order, military discipline, or effectiveness of the Union Army. There is evidently personal malice at the bottom, which must be ventilated in some way, and which eagerly grasps at this pretext as a fitting opportunity.

As to the causes assigned for the resignation of these surgeons, and which is made the basis for this vindictive

attack on the reputation of an officer, who by reason of his absence cannot reply to it, supposing them to be true, and the only causes, what do they imply? neither more nor less than this, that the commanding officer, in the faithful discharge of his duties, and exercising a power with which he was invested by virtue of his office, enforced a proper discipline in the camps—which discipline was not in accordance with the expectations, or desires, or plans of the subordinate.

But in reality there were other and more potent reasons which made it necessary for the "predecessor" to resign. Suffice it to say, it was important that the office of Surgeon should be filled by one both competent and patriotic.

An ardent sympathizer with secession should hold no place of responsibility in the Union Army. Mr. Editor, I have perhaps said enough by way of reply to this vituperative article. Less I could not well say, if I noticed it at all. I feel no concern about any damage that may be suffered by the party assailed. But I protest against a scientific journal being made a vehicle for personal attacks on the reputation of public men, merely to gratify personal spite. I.

At a meeting of the Board of Commissioners of Health, at the Mayor's Office, New York, July 15th, 1862, present HON. CHARLES C. PINCKNEY, *President of the Board of Councilmen, presiding, pro tem.*, DR. ALEXANDER N. GUNN, *Health Officer*, DR. LEWIS A. SAYRE, *Resident Physician*, DR. JEDEDIAH MILLER, *Health Commissioner*, (after other business was transacted,) on motion of Dr. Sayre:

*Resolved*, "That a copy of the letter from his Hon. the Mayor, in the *New York Daily Times*, of the 14th inst., in answer to an article republished by that paper from the *AMERICAN MEDICAL TIMES*, relative to the action of this Board in the matter of the Floating Hospital *Nightingale*, be sent by the Clerk to the Editor of the last named Journal, with a request that it be published therein in justice to this Board."

(Extract from the Minutes.)

WM. H. ARMSTRONG, *Clerk*.

## YELLOW FEVER AND QUARANTINE REGULATIONS.

A CARD FROM MAYOR OPDYKE.

NEW YORK, Saturday, July 12, 1862.

To the Editor of the *New York Times*:

Your paper of this morning contains a bitter and ungrounded attack on me, copied from the *AMERICAN MEDICAL TIMES*. It is based on the action of the Mayor and Commissioners of Health, at the meeting of the Board on the 16th day of June last. That action, so far from endangering the public health from yellow fever, resulted, as it was intended, in the furnishing full hospital protection to the people of New York against any danger from yellow fever patients arriving at Quarantine.

The facts are these: On that day the Health Officer, DR. GUNN, reported to the Board that the floating hospital ship *Nightingale*, then in the lower bay, in good order, only needed physicians, nurses, and supplies, to make her ready for patients; that the State law required the Commissioners of Emigration to receive and provide hospital accommodation for all persons arriving at Quarantine affected with contagious or infectious disease; that he had asked the Commissioners, in compliance with their duty under the law, to provide for yellow fever patients by furnishing attendants and supplies for the floating hospital, and that they had declined to do so.

As the season was at hand when yellow fever patients might be expected, it was deemed necessary by the Commissioners of Health, on the above statement of the Health Officer, that prompt measures should be taken to provide safe hospital accommodation for such as should arrive. It was accordingly determined that the Mayor, who is made by law one of the Commissioners of Emigration, should attend the next meeting of that Board, to take place in two days thereafter, and request it to take immediate action as to furnishing the hospital ship. As to any patients who might arrive meantime, it was necessary that such should be sent somewhere, and as it was known that the Hospital

at Quarantine and others on Staten Island, as well as the Ward's Island Hospitals, were under the charge of the Commissioners of Emigration, the following resolution was adopted:

*Resolved*, That the Health Officer be requested to send any cases of yellow fever which may come into his hands at Quarantine, to such of the Hospitals under the charge of the Commissioners of Emigration, as he may deem most appropriate, during the pendency of negotiations with the said Commissioners as to the support of the Floating Hospital.

It was neither expressed in the resolution, nor was it in fact for one moment intended, that Dr. Gunn should be requested by the Board to take yellow fever patients to Ward's Island, as is asserted by the person who wrote the abusive article referred to.

This action of the Commissioners of Health was followed by the adoption of a resolution at the next meeting of the Commissioners of Emigration, at which I was present, proposing to advance the necessary funds, until then withheld, to furnish the Floating Hospital with attendants and supplies.

Thus the action which is made the pretext of a violent complaint, was in fact that which compelled the furnishing of safe means of avoiding the danger pretended to be complained of.

The Board of Commissioners of Health have applied themselves most industriously and conscientiously to the sanitary interests committed to their charge, giving prompt attention to every complaint, and guarding with zeal and efficiency the public health.

The attack thus answered, like previous attacks on me in the same journal, is so obviously promoted by disappointed hopes of place, rather than by any regard for the sanitary interests of the City, that I should have deemed it unworthy of notice, had not its gross misrepresentations related to a subject on which the public mind is always sensitive.

GEORGE OPDYKE.

## ELECTRO-MAGNETISM AS A THERAPEUTICAL AGENT.

[To the Editor of the *AMERICAN MEDICAL TIMES*.]

SIR:—As an excellent conveyance of intelligence I would ask the use of your columns to call the attention of the profession once more to Electro-Magnetism as a valuable therapeutic agent, particularly in diseases of the nervous system. This is an old but much neglected remedy, and although somewhat troublesome, and requiring time to its proper application, I think its great efficacy entitles it to more general use. It is but too true that it has become a too general favorite with quacks and impostors, and that even they, in their ignorance, have been very successful with it; and I would urge this also as an important reason why it should not be discarded by the educated physician. Its similarity to electricity and galvanism, which agents are not so efficient and safe, has also created a prejudice against it; and another great obstacle arises from the great variety of electro-magnetic machines manufactured, many of which are worthless in the treatment of disease. I have found, after several years' experience, that electro-magnetism, if properly applied with proper medicines, as an educated physician only can apply it, is one of the most powerful and safe stimulants to the nervous system, a very powerful tonic to the muscular system, stimulating the circulation, expanding the capillaries, and by these means increasing the size of the muscles. I can produce diaphoretic, sedative, excitant, contractive, and expansive effects with it; instantaneous counter-irritation, and even a moxa, all depending upon the pole applied, the part to which it is applied, the medium of application, and the duration of the application, as well as the direction in which the conductor is applied. Much depends also upon the kind of current applied. Not wishing to intrude too much upon your space, I will only briefly describe the instrument I use, leaving a description of several cases of different diseases,



and the *modus operandi* pursued, for another number, if it should be found of interest.

I use a battery of one cup containing two plates of zinc and one of platina, which is excited by very dilute sulphuric acid, the galvanic current from this is conducted to a helix of insulated copper wire wound around a temporary magnet of iron wires, thus converting it into electro-magnetism. The main currents evolved are two; one, the direct, is a steady current, very gentle and free from shocks, being merely the original battery current strengthened by induction; the other a very powerful current, being also steady and free from shocks, but broken at every vibration of the alternately repelled and attracted spring hammer at the armature, thus making it of alternating polarity, while the direct current has an unchanging polarity; there are other currents, being a combination of the two just described. The currents are conveyed through tinsel cords to various apparatus, such as handles, cups, wires, sponges, plates, tubes, and brushes, and are applied as circumstances may require.

H. LASSING, M.D.

No. 90 Oliver st., N. Y., April 4th, 1862.

### FOREIGN CORRESPONDENCE.

By PROF. CHARLES A. LEE.

LONDON, June 14th, 1862.

In my last letter, I gave some account of the "Social Congress" now in session in this city, and especially the "Health Department" of the association, whose meetings I have generally attended. Another body, called "*Congres International de Bienfaisance*" has also been holding its sessions at the same time, and many of the subjects brought before it have related to sanitary service and public health. At its sitting yesterday, a paper was read, prepared by Miss Florence Nightingale, which deserves some attention. The subject was "*On Army Sanitary Administration and its Reform under the late Lord Herbert*." From this paper it appears that the present improved sanitary condition of the army has been the result of the Crimean catastrophe. At that period, the death-rate in the British army from consumption and other diseases mainly occasioned by the troops breathing foul air, far exceeded the total death-rate among the civil population of corresponding age. "The Barrack and Hospital Improvement Commission" having been appointed in 1855, proceeded at once to improve the ventilation and warming of the barracks, without machinery of any kind. Under their auspices drainage was introduced, and cesspits abolished; the water supply extended; baths introduced into both hospitals and barracks; and the lavatory arrangements generally improved. Barrack kitchens have been completely remodelled; the cooking apparatus improved; gas introduced and made to assist in the circulation of fresh air; stables have been ventilated, and ashpits abolished. In accordance with the recommendation of the commission, more simple and healthy principles for the construction of future barracks and hospitals, for insuring better drainage, more efficient ventilation, and more cubic space for sinks and wells, will be adopted. These principles have already been carried out in the Mediterranean stations. The result of these general improvements in the sanitary condition of the army is, that the mortality has been reduced one half. A school for practical cookery has been established at Aldershot, for training regimental and hospital cooks. The second sub-commission was appointed for reorganizing the medical department, which up to that time made no provision for systematically caring for the soldier's health; in fact, it was only fitted to attend them when they came into the hospital, and not to prevent their being obliged to go there. The new code of regulations established by the commission has been entirely successful.

The third Commission was charged with organizing the army medical school at Chatham, for the instructing of

army medical candidates, of which I gave an extended account in a former letter. This was opened in 1860 by Lord Herbert, and has since been working in the most satisfactory manner, and there can be no doubt that the instruction there imparted, is one of the causes of the diminished death-rate.

The fourth Sub-Commission was charged with organizing the army medical statistics, which were then very imperfect and incomplete; whereas, now, the exact state of health of the men in each regiment can be ascertained at once. Another great sanitary reform was effected in the improvement of the purveying department, which had broken down so thoroughly in former wars, its defects being visited chiefly on the sick and wounded, for whose benefit it was established. Lord Herbert, in 1861, issued a new purveying code of regulations, which have been tried in foreign service, and have been found to fully answer every purpose which they were intended to fulfil. He also organized and trained army hospital corps to nurse the sick, which has proved most beneficial in alleviating the sufferings of the patients. The proof of the great success of these various improvements, was afforded in the last Chinese war, when the mortality of the force, including the wounded, amounted to little more than three per cent. per annum, while the "constantly sick" in hospital was little more than at home. Day-rooms and institutions have been formed for the purpose of assisting the struggle against those great moral evils which were supposed to be inseparable from garrisons and camps. If no rational amusements are provided for the troops they are exposed to great temptations, and profligacy and vice must necessarily be the result of want of occupation. It is a serious question whether Government ought not to interfere to put down the open temptations to vice, as it puts down the open temptations to crime. At all events, soldier's barracks should be made more of a home to them. Let clubs be established, and increased means of occupation be provided, such as workshops, galleries, out-door games, and amusements, and rational recreation be provided in the shape of lectures, etc.

Such is a brief abstract of the main points in Miss Nightingale's paper. It certainly did great credit both to her heart and head. There can be no doubt, I think, that the morals of soldiers is a subject demanding far more attention than it has yet received, inasmuch as it has a direct bearing on health. The statistics of venereal affections in armies, if correctly reported, would not only excite astonishment, but might lead to some practical measures to diminish a class of diseases which weekly increase both the mortuary and invaliding tables.

I have introduced this subject in my letters on account of its great importance, as connected with our own extensive and military organization and operations at this time. It would be strange, indeed, and inexcusable, if we did not profit from the mistakes, as well as the experience of other nations, and if we did not fully avail ourselves of all the statistical results of the extended observations of medical officers connected with European armies. The object of army medical statistics, indeed, is to obtain the means of ready and accurate comparison of the health of troops at different periods, at different stations, and in different barracks or quarters, and of comparison with the sickness and mortality in civil life, so as to enable medical officers, at all times, to take immediate measures to check or counteract whatever may injuriously affect the health of the troops, whether in peace or war. I trust that the talented gentleman recently appointed to the most responsible and arduous office of Surgeon General in our army, places a proper estimate on the value of accurate and well digested statistical reports; as it is from them alone that we can have an exact and comprehensive view of the army; can know the number, week by week, of effective men, and the number ineffective from each particular cause; from them only, in short, can be learned the health of the army at any given time. They will show at once the ex-

tent to which the violations of the laws of nature are carried, and the salubrity or insalubrity of certain localities; as we know that the mortality, exceeding a determinate rate, is not inevitable, so we equally well know, that if that rate is exceeded, there are errors of some kind which need instant correction. *These statistical returns should be made weekly in our army*, and a sufficient force employed to tabulate them at once, and not wait, as has heretofore been the case, *till the year has expired*, before even entering on this labor; for by so doing, their value is chiefly lost. What we want to know is, the exact amount of sickness in the army at different stations, and the diseases which are prevalent at the present time, for, without this knowledge, no rational efforts at improvement can be made. This subject, I know, has been constantly kept in view by the United States *Sanitary Commission*, whose enlightened and well directed efforts have resulted in such substantial benefits to our army. I trust they will not relax in their efforts to procure all needed statistical returns, to fully accomplish the above-named objects. No one can overestimate the value in a hygienic and sanitary point of view, of the information that may be gathered from observations made by our army medical officers during the present war. The field of observation is so vast, that these observations, if properly used, will not only enable us to measure the influences of all known causes on health, but will probably lead to the discovery of new causes, both of impaired and of vigorous life. They will not only be the means of improving the health of the army, but also furnish new contributions to the science of health, in which our whole nation is concerned.

The English, though proverbially a practical people, have been very slow to avail themselves of the advantages of accurate army and navy medical statistical reports. You will perceive from the tables I sent you, relating to the health of the British army and navy, in different parts of the world, what a vast amount of unnecessary sickness and death there still is in these departments; and when this subject was up in the "Health Department" of the "Social Congress," I felt it my duty to say, that I did not think that the sanitary regulations on board the British vessels had materially improved since the days of Captain Cook, who, in a voyage round the world, lasting three years, and with several vessels, never lost a man from disease, and scarcely had a man unable to perform duty, during this whole period.

## Medical News.

BRIGADE-SURGEON ADAM HAMMER is ordered to report to the Medical Director at St. Louis for duty in charge of one of the general hospitals in that city.

Assistant Surgeon Harrison Allen, Medical Cadet F. G. H. Bradford, and Hospital Stewards McManus and Austen will report in person to Surgeon Letterman, Medical Director of the Army of the Potomac, for duty.

Surgeon Mitchell, 1st Maryland Volunteers, will report for duty to Surgeon McVarlin, Medical Director of Gen. Pope's command.

Surgeon Parker, U. S. Army, will repair to Chicago to relieve Brigade-Surgeon Blaney, in his duties as Medical Purveyor, the latter to report to the Surgeon-General.

Surgeon William Whelan, to be Chief of the Bureau of Medicine and Surgery.

Theoron Woolverton, of New York, to be Assistant-Surgeon in the Navy.

J. H. Boucher, of Iowa, to be Brigade-Surgeon of Volunteers.

The following were confirmed as Assistant-Surgeons in the United States Army:—Wm. H. Keene of Pennsylvania, George L. Porter of Pennsylvania, David S. Huntington of Pennsylvania, T. W. Williams of District of Colum-

bia, Charles M. Colton of Virginia, T. M. Brown of Ohio, Charles S. Degraw of New York, Edward C. Strode of Illinois, Andrew H. Smith of New York, and Van Buren Hubbard of Ohio.

Brigade-Surgeon Lecompte has been ordered to repair to Chester, Penn., to take charge of the general hospital at that place.

Brigade-Surgeon C. L. Allen is ordered to report to the Surgeon-General as a member of the Board for the Examination of Surgeons of Volunteers.

Brigade-Surgeon D. H. Prince and Surgeon H. Jewitt, of the 10th Mass., remained with the wounded after the battle of Malvern, are still in the hands of the enemy. Surgeon M. S. Killenger of the 100th N. Y. remained with his wounded on the Chickahomony, and is a prisoner.

Brigade-Surgeon A. B. Crosby, late Medical Director Peck's Division, one of the most talented and energetic medical officers in the army, has resigned, and will return home immediately. Ira Perry, Contract Surgeon, has been assigned to the 2d R. I., as Act. Asst. Surgeon. J. G. Strowbridge to the 39th Ill.; J. W. Hinchley to the 13th Ind. Drs. Sargent, McColister, and Pierce to the batteries under command of Major West.

*L'Union Médicale* gives the following catalogue of diseases under which the Grand Monarch, Louis XIV., suffered at various times of his life. The facts are obtained from observations made by his physicians, Vallot, D'Aquin, and Fagon. The king appears to have had his share of human bodily infirmities. "At seventeen, he caught a violent blennorrhœa. Some time afterwards, he narrowly escaped falling a victim to confluent small-pox. He next suffered from a scirrhus induration of the breast. At Calais he caught a putrid fever; and afterwards had the measles, dysentery, odontalgia, arthritis, abscess in the left armpit, and fistula in ano. Besides this, Louis XIV. had an anthrax in the neck. Moreover, all the teeth in his upper jaw were extracted, in consequence of a fistulous opening in this bone, which made a communication between the mouth and the nose, so that liquids escaped by the nose, the royal nasal mucosities giving off a cadaverous odor. Lastly, he is represented as having been bled forty-four times, as having had fifty lavements, and swallowed two hundred and eleven purgatives. Gouty, podagrous, and afflicted with gravel during many years, this lofty individual at last perished of gangrena senilis."—*Brit. Med. Journal*.

THE CHOLERA AT MAURITIUS AND THE FRENCH MEDICAL PRACTITIONERS AT RÉUNION.—A very interesting and even affecting correspondence is published in *L'Union Médicale*, between the medical men of the French Island Réunion and the authorities of Mauritius. It would appear that at the time the cholera was raging in the latter island the practitioners of Réunion wrote in a body to the authorities of our colony to offer the services of as many of them as would be required to go and assist their English brethren. The disease, however, declined rapidly, and the authorities answered the generous offer in a very appropriate manner, thanking the medical gentlemen of Réunion, and announcing to them that, although touched by their willingness to assist the authorities, they were, owing to the mitigation of the epidemic, able to cope with the disease.—*Lancet*.

DR. COLLINS' Private Institution at Great Barrington, Mass., for the treatment of chronic diseases of women, we learn, continues to be well patronized, notwithstanding the war, which has prevented many from coming from the South, as in former years. So crowded has this establishment been of late, that the Doctor has added another building, which is just completed, and furnished.

Our profession must provide suitable means, if they expect to meet the exigencies of their cases, otherwise people will resort to empiricism.

DR. HORACE GREEN has offered \$20 to each of the first fifty volunteers in the County of Westchester, N. Y.

## METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

## Abstract of the Official Report.

From the 14th day of July to the 21st day of July, 1892.

**Deaths.**—Men, 90; women, 81; boys, 228; girls, 176—total, 586. Adults, 177; children, 409; males, 333; females, 253; colored, 8. Infants under two years of age, 843. Children reported of native parents, 48; foreign, 270. Among the causes of death we notice:—Apoplexy, 7; infantile convulsions, 28; croup, 8; diphtheria, 9; scarlet fever, 18; typhus and typhoid fevers, 9; consumption, 57; small-pox, 7; measles, 4; dropsy of head, 29; infantile marasmus, 38; cholera infantum, 125; inflammation of brain, 18; of bowels, 22; of lungs, 11; bronchitis, 5; congestion of brain, 17; of lungs, 4; erysipelas, 1; diarrhoea and dysentery, 26. 365 deaths occurred from acute disease, and 42 from violent causes. 472 were native, and 114 foreign; of whom 71 came from Ireland; 58 died in the City Charities; of whom 10 were in the Bellevue Hospital, and 5 died in the Emigrant Institution.

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July	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity, Sat'n, 1000
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	°	°	°	°	°			
13th.	29.80	.08	73	68	80	1	15	S. W.	0	460
14th.	29.80	.02	81	74	90	11	15	S. W.	1	472
15th.	29.84	.03	83	76	90	9	12	S.	6	640
16th.	29.83	.06	80	71	90	7	12	S. W.	3	565
17th.	29.91	.10	75	66	84	10	15	W.	0	550
18th.	30.00	.20	62	53	74	6	10	N. to W.	5	660
19th.	30.07	.20	67	60	75	11	14	W.	0	440

**REMARKS.**—18th, Fine day. 14th, Warm day. 15th, Very sultry, tempest at 6 P.M. 16th, Sultry, rain with thunder and lightning at 5 P.M. 17th, Clear, with moderate breeze all day. 18th, Moderate breeze all day; variable sky. 19th, Fine day. Rain fall for the week, quarter of an inch.

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